
| | | | |
|-----------------------------|---|------------------------|-----------------------------------|
| State: | District of Columbia | Filing Company: | State Farm Life Insurance Company |
| TOI/Sub-TOI: | LTC06 Long Term Care - Other/LTC06.000 Long Term Care - Other | | |
| Product Name: | 2019 Finance Report | | |
| Project Name/Number: | 2019 Finance Report/2019 Finance Report | | |

Filing at a Glance

Company: State Farm Life Insurance Company

Product Name: 2019 Finance Report

State: District of Columbia

TOI: LTC06 Long Term Care - Other

Sub-TOI: LTC06.000 Long Term Care - Other

Filing Type: Form

Date Submitted: 01/14/2020

SERFF Tr Num: STFL-132221632

SERFF Status: Closed-APPROVED

State Tr Num:

State Status:

Co Tr Num:

Implementation: On Approval

Date Requested:

Author(s): Cindy Baker, Blyth Chambers

Reviewer(s): Colin Johnson (primary), RaShaunda Benson

Disposition Date: 02/05/2020

Disposition Status: APPROVED

Implementation Date: 02/05/2020

State: District of Columbia
TOI/Sub-TOI: LTC06 Long Term Care - Other/LTC06.000 Long Term Care - Other
Product Name: 2019 Finance Report
Project Name/Number: 2019 Finance Report/2019 Finance Report

Filing Company: State Farm Life Insurance Company

General Information

Project Name: 2019 Finance Report
Project Number: 2019 Finance Report
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:

Status of Filing in Domicile: Not Filed
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Individual Market Type:
Filing Status Changed: 02/05/2020
State Status Changed:
Created By: Blyth Chambers
Corresponding Filing Tracking Number:

Deemer Date:
Submitted By: Blyth Chambers

Filing Description:

Please find and enclosed the following items for State Farm Life Insurance Company.

Long-Term Care Insurance Replacement and Lapsed Reporting Form
Long-Term Care Insurance Claims Denial Reporting Form
Long-Term Care Policies Rescission Reporting Form

Please contact me at (309)766-0318 with any questions
Michael McCullough
Finance Manager

Company and Contact

Filing Contact Information

Amy Aranda, Tech - Contracts & Forms amy.aranda.mz13@statefarm.com
1 State Farm Plaza 309-994-7434 [Phone]
Bloomington, IL 61710-0001 309-766-8483 [FAX]

Filing Company Information

| | | |
|-----------------------------------|-------------------------|-----------------------------|
| State Farm Life Insurance Company | CoCode: 69108 | State of Domicile: Illinois |
| 1 State Farm Plaza | Group Code: 176 | Company Type: |
| Bloomington, IL 61710-0001 | Group Name: 69108 | State ID Number: |
| (309) 766-4541 ext. [Phone] | FEIN Number: 37-0533090 | |

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:

| | | | |
|-----------------------------|---|--------------------------|-----------------------------------|
| SERFF Tracking #: | STFL-132221632 | State Tracking #: | Company Tracking #: |
| State: | District of Columbia | Filing Company: | State Farm Life Insurance Company |
| TOI/Sub-TOI: | LTC06 Long Term Care - Other/LTC06.000 Long Term Care - Other | | |
| Product Name: | 2019 Finance Report | | |
| Project Name/Number: | 2019 Finance Report/2019 Finance Report | | |

Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|----------|---------------|------------|----------------|
| APPROVED | Colin Johnson | 02/05/2020 | 02/05/2020 |

| | | | |
|-----------------------------|---|--------------------------|-----------------------------------|
| SERFF Tracking #: | STFL-132221632 | State Tracking #: | Company Tracking #: |
| State: | District of Columbia | Filing Company: | State Farm Life Insurance Company |
| TOI/Sub-TOI: | LTC06 Long Term Care - Other/LTC06.000 Long Term Care - Other | | |
| Product Name: | 2019 Finance Report | | |
| Project Name/Number: | 2019 Finance Report/2019 Finance Report | | |

Disposition

Disposition Date: 02/05/2020

Implementation Date: 02/05/2020

Status: APPROVED

Comment:

Rate data does NOT apply to filing.

| Schedule | Schedule Item | Schedule Item Status | Public Access |
|---------------------|--|----------------------|---------------|
| Supporting Document | Long-Term Care Insurance Replacement and Lapsed Reporting Form | APPROVED | Yes |
| Supporting Document | Long-Term Care Insurance Claims Denial Reporting Form | APPROVED | Yes |
| Supporting Document | Long-Term Care Policies Rescission Reporting Form | APPROVED | Yes |
| Supporting Document | 2019 DC LTC Cover Letter | APPROVED | Yes |

| | | | |
|-----------------------------|---|------------------------|-----------------------------------|
| State: | District of Columbia | Filing Company: | State Farm Life Insurance Company |
| TOI/Sub-TOI: | LTC06 Long Term Care - Other/LTC06.000 Long Term Care - Other | | |
| Product Name: | 2019 Finance Report | | |
| Project Name/Number: | 2019 Finance Report/2019 Finance Report | | |

Supporting Document Schedules

| | |
|--------------------------|--|
| Satisfied - Item: | Long-Term Care Insurance Replacement and Lapsed Reporting Form |
| Comments: | |
| Attachment(s): | LTC Replacement and Lapse Reporting Form - Life Co.pdf |
| Item Status: | APPROVED |
| Status Date: | 02/05/2020 |

| | |
|--------------------------|---|
| Satisfied - Item: | Long-Term Care Insurance Claims Denial Reporting Form |
| Comments: | |
| Attachment(s): | LTC Claims Denial Reporting Form - Life Co_.pdf |
| Item Status: | APPROVED |
| Status Date: | 02/05/2020 |

| | |
|--------------------------|---|
| Satisfied - Item: | Long-Term Care Policies Rescission Reporting Form |
| Comments: | |
| Attachment(s): | LTC Rescission Form - Life Co. signed.pdf |
| Item Status: | APPROVED |
| Status Date: | 02/05/2020 |

| | |
|--------------------------|-------------------------------|
| Satisfied - Item: | 2019 DC LTC Cover Letter |
| Comments: | |
| Attachment(s): | DC LTC SERFF Cover letter.pdf |
| Item Status: | APPROVED |
| Status Date: | 02/05/2020 |

Long-Term Care Insurance Replacement and Lapse Reporting Form

For the State of District of Columbia

For the Reporting Year of 2019

Company Name: State Farm Life Insurance Company

Due June 30 Annually

Company Address: One State Farm Plaza, D-2
Bloomington, Illinois 61710

Company NAIC Number 69108

Contact Person: Michael McCullough

Phone Number 309-766-0318

Instructions: The purpose of this form is to report on a statewide basis, information regarding long-term care insurance policy replacements and lapses. Specifically, every insurer shall maintain records for each producer/agent on that producer's/agent's amount of long-term care insurance replacement sales as a percent of the producer's/agent's total annual sales and the amount of lapses of long-term care insurance policies sold by the producer/agent as a percent of the producer's/agent's total annual sales. The tables below should be used to report the ten percent (10%) of the insurer's producers/agents with the greatest percentages of replacements and lapses.

Listing of the 10% of Producers/Agents with the Greatest Percentage of Replacements

| Producer's/Agent's Name | Number of policies sold by this Producer/Agent | Number of policies replaced by this Producer/Agent | Number of replacements as % of number sold by this Producer/Agent |
|-------------------------|--|--|---|
| | | | |

Listing of the 10% of Producers/Agents with the Greatest Percentage of Lapses

| Producer's/Agent's Name | Number of policies sold by this Producer/Agent | Number of policies lapsed by this Producer/Agent | Number of lapses as % of number sold by this Producer/Agent |
|-------------------------|--|--|---|
| | | | |

Company Totals

Percentage of Replacement Policies Sold to Total Annual Sales 0.000%

Percentage of Replacement Policies Sold to Policies in Force (as of the end of the preceding calendar year) 0.000%

Percentage of Lapsed Policies to Total Annual Sales 0.000%

Percentage of Lapsed Policies in Force (as of the end of the preceding calendar year) 0.000%

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Claims Denial Reporting Form

Long-Term Care Insurance

For the State of District of Columbia

For the Reporting Year of 2019

Due: June 30 annually

Company Name: State Farm Life Insurance Company

Company Address:

One State Farm Plaza, D-2

Bloomington, IL 61710

Company NAIC Number: 69108

Contact Person: Michael McCullough

Phone Number: 309-766-0318

Line of Business: Individual Group

Instructions:

The purpose of this form is to report all long-term care claim denials under in force long-term care insurance policies. “Denied” means a claim that is not paid for any reason other than for claims not paid for failure to meet the waiting period or because of an applicable preexisting condition.

| | | State Data | Nationwide Data ¹ |
|----|--|------------|------------------------------|
| 1 | Total Number of Long-Term Care Claims Reported | 0 | 0 |
| 2 | Total Number of Long-Term Care Claims Denied/Not Paid | 0 | 0 |
| 3 | Number of Claims Not Paid due to Preexisting Condition Exclusion | 0 | 0 |
| 4 | Number of Claims Not Paid due to Waiting (Elimination) Period Not Met | 0 | 0 |
| 5 | Net Number of Long-Term Care Claims Denied for Reporting Purposes (Line 2 Minus Line 3 Minus Line 4) | 0 | 0 |
| 6 | Percentage of Long-Term Care Claims Denied of Those Reported (Line 5 Divided By Line 1) | 0 | 0 |
| 7 | Number of Long-Term Care Claims Denied due to: | 0 | 0 |
| 8 | • Long-Term Care Services Not Covered under the Policy ² | 0 | 0 |
| 9 | • Provider/Facility Not Qualified under the Policy ³ | 0 | 0 |
| 10 | • Benefit Eligibility Criteria Not Met ⁴ | 0 | 0 |
| 11 | • Other | 0 | 0 |

1. The nationwide data may be viewed as a more representative and credible indicator where the data for claims reported and denied for your state are small in number.
2. Example—home [health] care claim filed under a nursing home only policy.
3. Example—a facility that does not meet the minimum level of care requirements or the licensing requirements as outlined in the policy.
4. Examples—a benefit trigger not met, certification by a licensed health care practitioner not provided, no plan of care.

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**RESCISSION REPORTING FORM FOR
LONG-TERM CARE POLICIES
FOR THE DISTRICT OF COLUMBIA
FOR THE REPORTING YEAR 2019**

Company Name: State Farm Life Insurance Company

Address: One State Farm Plaza, D-2
Bloomington, Illinois 61710

NAIC Number: 69108

Phone Number: 309-766-0318

Due: March 1 annually

Instructions:

The purpose of this form is to report all rescissions of long-term care insurance policies or certificates. Those rescissions voluntarily effectuated by an insured are not required to be included in this report. Please furnish one form per rescission.

| Policy Form # | Policy and Certificate # | Name of Insured | Date of Policy Issuance | Date/s Claim/s Submitted | Date of Rescission |
|---------------|--------------------------|-----------------|-------------------------|--------------------------|--------------------|
| | | | | | NONE |

Detailed reason for rescission: _____



2/14/2020

Signature and Date

Michael McCullough

Finance Manager

Name and Title

Confidential / Trade Secret

State Farm considers the information contained herein as PRIVILEGED and CONFIDENTIAL. It constitutes TRADE SECRET material, and is not to be disseminated beyond the designated recipients without the express written consent of State Farm.

State Farm
Corporate Headquarters
One State Farm Plaza
Bloomington, IL 61710-0001

January 10, 2020

DC Department of Insurance, Securities and Banking
Financial Analysis Division
1050 First Street, NE Suite, 7th Floor
Washington, DC 20002

Dear Sir or Madam,

Please find enclosed the following items for State Farm Life Insurance Company.

Long-Term Care Insurance Replacement and Lapse Reporting Form
Long-Term Care Insurance Claims Denial Reporting Form
Long-Term Care Policies Rescission Reporting Form

Please contact me at (309)766-0318 with any questions.

Sincerely,



Michael McCullough
Finance Manager